



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for New Hampshire, MEDICAID

### Children's Dental Services

#### Preventive Services

	Is the service Covered?			Frequency	List any service-specific limitations
	Yes	Only with prior authorization	No		
Cleanings	X			1 x 5 months	
Fluoride treatments (including fluoride varnishes)	X			1 x 5 months	D1203 ONLY
Sealants (list any tooth-specific limits)	X			1 x every 5 years	UP TO AGE 17
Space maintainers	X				MUST DESIGNATE MISSING TOOTH #



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for New Hampshire, MEDICAID

### Diagnostic Services

	Is the service Covered?			Frequency	List any service-specific limitations	Recommended age of first visit?
	Yes	Only with prior authorization	No			
<b>Dental examinations</b>						
	X				COMPREHENSIVE (D0150) LIMIT OF ONCE/PROVIDER	
<b>X-Rays</b>						
Bitewing	X					
Full Mouth	X			1 x every 5 years	FULL SERIES (D0210)	
Panoramic	X			1 x every 5 years		



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for New Hampshire, MEDICAID

### Treatment Services

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Fillings						
Silver amalgam	X				ONCE/SURFACE/TOOTH/YR	
Tooth colored composite	X				ONCE/SURFACE/TOOTH/YR	
Crowns/tooth caps						
Stainless steel crowns	X					
Metal (only) crowns	X					
Metal/porcelain crowns	X					
Porcelain (only) crowns	X					
Root Canals (endodontics)						
Root canals on baby teeth (pulpotomies)	X					
Root canals on permanent teeth	X					
Gum (periodontal) therapy						
	X					



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for New Hampshire, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Dentures						
Partial dentures	X			1 x every 5 years	PA REQUIRED	
Complete dentures	X			1 x every 5 years	PA REQUIRED	
Bridges			X			
Orthodontics*						
Retainers (orthodontic)	X				ONE REPLACEMENT ALLOWED. PA REQUIRED	
Braces	X				COMPREHENSIVE/LIMITED TREATMENTS LIMITED TO ONCE/LIFETIME. PA REQUIRED	
Oral surgery						
Simple extractions	X				ONCE/TOOTH. PA REQUIRED FOR ASYMPTOMATIC AND 3RD MOLARS	
Surgical extractions	X				ONCE/TOOTH. PA REQUIRED FOR ASYMPTOMATIC AND 3RD MOLARS	
Care of abscesses	X					
Cleft palate treatment	X				DEPENDING ON TREATMENT	



**InsureKidsNow.gov**  
Connecting Kids to Coverage

## Summary of Benefits for New Hampshire, MEDICAID

	Is the service Covered?			Frequency	List any service-specific limitations	Criteria for coverage
	Yes	Only with prior authorization	No			
Cancer treatment	X				DEPENDING ON TREATMENT	
Treatment of fractures	X					
Biopsies	X					
<b>Treatment of jaw joint problems (TMJ)</b>						
	X					
<b>Emergency room services provided by a dentist</b>						
	X					
<b>Inpatient Hospital Services</b>						
<b>Anesthesia</b>						
General anesthesia	X					
Intravenous conscious sedation	X					
Non-intravenous conscious sedation	X					
Analgesia (nitrous oxide)	X					



## Summary of Benefits for New Hampshire, MEDICAID

---

\* When this information is posted on the Insure Kids Now website, we will include a special note for orthodontic services explaining that parents and caretakers should work with their child's orthodontist to ensure that the treatment and payment terms and conditions are clear at the outset of treatment (for example, what happens in the case of a child who becomes ineligible for Medicaid or CHIP while he or she is undergoing orthodontic treatment?).